Fill ir	this information to identify your case:			rected in this form and	in Form				
Debt	or 1 Frank Carter DeHaven Baade		2A-1Supp:						
Debt (Spou	or 2		1. There is no presu	ımption of abuse					
Unite	ed States Bankruptcy Court for the: Northern District of	Indiana	applies will be m	o determine if a presur nade under <i>Chapter 7 i</i>					
Case (if kno	e number			cial Form 122A-2).	_				
(II KIIO	wij			does not apply now be service but it could ap					
			☐ Check if this is a	n amended filing					
	<u>icial Form 122A - 1</u>								
Ch	apter 7 Statement of Your Cur	rent Monthly Inc	ome		04/20				
attach case r	complete and accurate as possible. If two married people at a separate sheet to this form. Include the line number to whomber (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted 1:  Calculate Your Current Monthly Income	nich the additional information a a presumption of abuse becau	ipplies. On the top of an se you do not have prin	y additional pages, writ narily consumer debts o	te your name and or because of				
1.	What is your marital and filing status? Check one onl	y.							
	☐ Not married. Fill out Column A, lines 2-11.								
	$\hfill\square$ Married and your spouse is filing with you. Fill out	both Columns A and B, lines	2-11.						
	$\square$ Married and your spouse is NOT filing with you. Y	ou and your spouse are:							
	☐ Living in the same household and are not legal	ly separated. Fill out both Co	lumns A and B, lines 2	-11.					
☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).									
10 the	I in the average monthly income that you received from all s 1(10A). For example, if you are filing on September 15, the 6-mc e 6 months, add the income for all 6 months and divide the total b ouses own the same rental property, put the income from that pr	nth period would be March 1 throu by 6. Fill in the result. Do not include	ugh August 31. If the amo de any income amount mo	unt of your monthly incomore than once. For examp	ne varied during ble, if both				
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse					
	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	nd commissions (before all	\$	\$					
	<b>Alimony and maintenance payments.</b> Do not include p Column B is filled in.	payments from a spouse if	\$	\$					
	All amounts from any source which are regularly pai of you or your dependents, including child support. from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo filled in. Do not include payments you listed on line 3.	Include regular contributions your dependents, parents,	\$	\$					
5.	Net income from operating a business, profession, o								
		Debtor 1							
	Gross receipts (before all deductions)	\$ -\$							
	Ordinary and necessary operating expenses	· — .	¢	\$					
	Net monthly income from a business, profession, or farm	1\$ Oopy here >	Ψ	Ψ					
6.	Net income from rental and other real property	Debtor 1							
	Gross receipts (before all deductions)	\$							
	Ordinary and necessary operating expenses	-\$							
	Net monthly income from rental or other real property	\$ Copy here ->	\$	\$					
	Interest, dividends, and royalties		\$	\$					
	,,,								

Official Form 122A-1

Frank Carter DeHaven Baade Debtor 1 Case number (if known) Column A Column R Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10, Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> Multiply by 12 (the number of months in a year) **x** 12 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Frank Carter DeHaven Baade

Official Form 122A-1

Frank Carter DeHaven Baade

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Debtor 1	Frank Carter DeHaven Baade	Case number (if known)	
	Signature of Debtor 1		
Dat	March 31, 2021 MM / DD / YYYY		
If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form	n.	

				_	
Fill	in this inform	ation to identify you	r case:	1	
Deb	tor 1 F	rank Carter DeHave	n Baade		
	tor 2 ouse, if filing)				
Unit	ed States Ban	kruptcy Court for the:	Northern District of Indiana		
					Check if this is an amended filling
	e number nown)		<u> </u>		☐ Check if this is an amended filing
`	,			-	
∩ff	icial For	m 122A - 1S	unn		
				f Ah	uso Undor \$ 707/b\/2\
Sta	atement	of Exemption	on from Presumption o	M AD	use Under § 707(b)(2) 12/15
exen exclu equ	npted from a pusions in this ired by 11 U.S	presumption of abuse statement applies to S.C. § 707(b)(2)(C).	e. Be as complete and accurate as poss only one of you, the other person shou	sible. If t	me (Official Form 122A-1), if you believe that you are two married people are filing together, and any of the plete a separate Form 122A-1 If you believe that this is
Part		fy the Kind of Debts			
1.	personal, fam		ose." Make sure that your answer is consis		C. § 101(8) as "incurred by an individual primarily for a h the answer you gave at line 16 of the Voluntary Petition for
	■ No. Got	ο Form 122Δ-1: on the	ton of page 1 of that form, check how 1. 7	here is i	no presumption of abuse and sign Part 3. Then submit this
■ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, There is no presumption of abuse, and sign Part 3. Then submit supplement with the signed Form 122A-1.					
	☐ Yes. Go t	o Part 2.			
Part	2: Deteri	mine Whether Military	y Service Provisions Apply to You		
2.	Are you a di	sabled veteran (as de	fined in 38 U.S.C. § 3741(1))?		
	□ No. Go t	o line 3.			
		you incur debts mostly J.S.C. § 101(d)(1); 32 l	while you were on active duty or while you J.S.C. § 901(1).	ı were p	erforming a homeland defense activity?
	☐ No.	Go to line 3.			
	☐ Yes.		on the top of page 1 of that form, check beent with the signed Form 122A-1.	ox 1, <i>The</i>	ere is no presumption of abuse, and sign Part 3. Then
3.	Are you or h	ave you been a Rese	rvist or member of the National Guard?		
	□ No. Co	mplete Form 122A-1. I	Do not submit this supplement.		
	☐ Yes. We	ere you called to active	duty or did you perform a homeland defer	nse activ	rity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
	□ No.	Complete Form 122	A-1. Do not submit this supplement.		
	☐ Yes.	Check any one of th	e following categories that applies:		
		I was called to acti 90 days and remain	ve duty after September 11, 2001, for at on active duty.	least	If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, <i>The Means Test does not apply now</i> , and sign Part 3. Then
		90 days and was rel	ve duty after September 11, 2001, for at eased from active duty on	,	submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The <i>exclusion period</i> means the time you are on active duty or are performing a
			nomeland defense activity for at least 90		homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).
		ending on	eland defense activity for at least 90 day , which is fewer than 540 days be		If your exclusion period ends before your case is closed,
		file this bankruptcy of	case.		you may have to file an amended form later.

Official Form 122A-1Supp